



General Assembly

January Session, 2005

Amendment

LCO No. 6663

SB0076406663HDO

Offered by:

REP. MANTILLA, 4th Dist.

REP. FELTMAN, 6th Dist.

To: Senate Bill No. 764

File No. 156

Cal. No. 558

**"AN ACT CONCERNING RECOVERY OF HEALTH INSURER
OVERPAYMENTS."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2005*) (a) As used in this
4 section: (1) "Contracting health organization" means (A) a managed
5 care organization, as defined in section 38a-478 of the general statutes,
6 or (B) a preferred provider network, as defined in section 38a-479aa of
7 the general statutes; and (2) "physician" means a physician or surgeon,
8 chiropractor, podiatrist, psychologist or optometrist.

9 (b) Each contract for services to be provided to residents of this state
10 entered into, renewed, amended or modified on or after October 1,
11 2005, between a contracting health organization and a physician shall
12 include provisions that: (1) Provide an explanation of the physician
13 payment methodology, the time periods for physician payments, the
14 information to be relied on to calculate payments and adjustments and

15 the process to be relied on to resolve disputes concerning physician
16 payments; and (2) require that the contracting health organization
17 provide to each participating physician a complete copy of all current
18 procedural terminology codes and all current reimbursements for such
19 codes that determine the physician's reimbursement for the entire
20 contract period.

21 (c) No contract for services to be provided to residents of this state
22 entered into, renewed, amended or modified on or after October 1,
23 2005, between a contracting health organization and a physician shall
24 include any provision that allows the contracting health organization
25 or physician to unilaterally change any term or provision of the
26 agreed-upon contract."